

NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) 62367-392843								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">In re Application of VAN DEN HEUVEL et al.</td> </tr> <tr> <td style="width: 60%; padding: 2px;">Application Number 10/537,027</td> <td style="padding: 2px;">Filed January 5, 2006</td> </tr> <tr> <td colspan="2" style="padding: 2px;">For CLINICAL ASSISTANT FOR COCHLEAR IMPLANT CARE</td> </tr> <tr> <td style="padding: 2px;">Art Unit 2857</td> <td style="padding: 2px;">Examiner WEST, Jeffrey R.</td> </tr> </table>			In re Application of VAN DEN HEUVEL et al.		Application Number 10/537,027	Filed January 5, 2006	For CLINICAL ASSISTANT FOR COCHLEAR IMPLANT CARE		Art Unit 2857	Examiner WEST, Jeffrey R.
In re Application of VAN DEN HEUVEL et al.										
Application Number 10/537,027	Filed January 5, 2006									
For CLINICAL ASSISTANT FOR COCHLEAR IMPLANT CARE										
Art Unit 2857	Examiner WEST, Jeffrey R.									
<p>Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the examiner.</p> <p>The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) \$ 540.00</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ _____</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input checked="" type="checkbox"/> Payment by credit card.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account NO. _____</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>11-0855</u>.</p> <p><input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the /Michael G. Verga/</p> <p><input type="checkbox"/> applicant/inventor. Signature</p> <p><input type="checkbox"/> assignee of record of the entire interest. Michael G. Verga</p> <p style="padding-left: 150px;">See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. Typed or printed name</p> <p style="padding-left: 150px;">(Form PTO/SB/96)</p> <p><input type="checkbox"/> attorney or agent of record. (202) 639-4719</p> <p style="padding-left: 150px;">Registration number _____. Telephone number</p> <p><input checked="" type="checkbox"/> attorney or agent acting under 37 CFR 1.34. February 28, 2011</p> <p style="padding-left: 150px;">Registration number if acting under 37 CFR 1.34. <u>39410</u> Date</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</p>										

☒ *Total of 1 forms are submitted.

This collection of information is required by 37 CFR 41.31. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11, 1.14 and 41.6. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.